Docket No. **KARI-2798**

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

WALL UNIT FORMING METHOD AND APPARATUS

the specification of w	hich		
(check one)			
☑ is attached hereton☑ was filed onApplication Numb		as United States Application No.	. or PCT International
and was amende	d on		
		(if applicable)	
		erstand the contents of the above endment referred to above.	identified specification,
•	•	nited States Patent and Trademar by as defined in Title 37, Code of	
Section 365(b) of an any PCT International listed below and have	y foreign application(s) al application which des e also identified below, or PCT International ap	der Title 35, United States Code, for patent or inventor's certificate ignated at least one country other to by checking 'he box, any foreign a plication having a filing date before	e, or Section 365(a) of than the United States, application for patent or
Prior Foreign Applica	tion(s)		Priority Not Claimed
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(Number)	(Country)	(Day/Month/Year Filed)	
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	of any United States application(s), or
S. C. Section 120 of application designation	ng the United States, listed below and
application designatin	ng the United States, listed below and
etween the filing date o	ability as defined in Title 37, C. F. R. of the prior application and the nationa (Status)
	(patented, pending, abandoned)
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	etween the filing date of plication: (Filing Date) (Filing Date)

• • •	application and transact all but name and registration number)	ness in the Patent and Trademark Office
Send Correspondence to:	Arlen L. Olsen Schmeiser, Olsen & Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110	
Direct Telephone Calls to: Arlen L. Olsen - (518) 220-18:	(name and telephone number) 50	
Full name of sole or first inventor Terry Karanikas Sole or first inventor's signature Residence 19 Queens Way, Queensbu Citizenship USA Post Office Address Same as Residence		Date 1-21-2000
Full name of second inventor, if	any	
Second inventor's signature		Date
Residence		
Citizenship		
Post Office Address		